

ED FOR BINDING

JK—THIS IS A PERMANENT RECORD.

RETURN must be made by each, and the number of each in birth stated.

W. of more than

PLACE OF BIRTH

1. County of Cocua
 District of _____
 Town of Miami
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 180
 County Registrar No. _____
 Local Registrar No. _____

No. 37 Miami Ave St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Becerra { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth Mar 23-1925
 Month Day Year

8. FATHER
 Full name Francisco Becerra

9. Residence (Usual place of abode) Miami, Ariz
 If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 32 (Years)

12. Birthplace (city or place) Mexico
 (State or country)

13. Occupation Laborer
 Nature of Industry

14. MOTHER
 Full maiden name Augustina Vasquez

15. Residence (Usual place of abode) Miami, Ariz
 If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Mexico
 (State or country)

19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn None 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 5:40 P.m. on the date above stated
 (Born alive ~~conceived~~)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature P. J. Sotol m.b.
 (Physician or midwife)
 Address Miami, Ariz

Given name added from a supplemental report Mesh 76 1928 Nelson D. Dayton
 Month, day, year Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

121-323-159